ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8727

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1691

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY: IN THIS TOWN 15 yrs. IN ARIZONA 15 yrs.
C. CITY OR TOWN: Tucson — XX IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Southern Pacific Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pima
C. CITY OR TOWN: Tucson — XX IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 1115 E. 7th. St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) EDWIN B. (MIDDLE) BRADLEY C. (LAST) BUNCH

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: —
7. DATE OF BIRTH: MONTH Nov. DAY 27 YEAR 1881
8. AGE (IN YEARS LAST BIRTHDAY): 73
IF UNDER 1 YEAR: MONTHS — DAYS —
IF UNDER 24 HRS.: HOURS — MIN. —
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Engineer (Retired)
9B. KIND OF BUSINESS OR INDUSTRY: Railroad
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE) —
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Not known
14B. BIRTHPLACE (STATE OR COUNTRY): Not known
15A. MOTHER'S MAIDEN NAME: Not known
15B. BIRTHPLACE (STATE OR COUNTRY): Not known
16. INFORMANT'S SIGNATURE: Mrs. Helen Chandler — ADDRESS 1920 Federal Ave. Costa Mesa, Calif.
17. DATE OF DEATH (MONTH) December (DAY) 12 (YEAR) 1957

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: Many yrs

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Partial coronary artery vascular disease
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO XX

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-11-57, 19__, TO 12-12-57, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 12-12-57, 19__, AND THAT DEATH OCCURRED AT 6:50 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: W. C. Fine (DEGREE OR TITLE) M. D.
22B. ADDRESS: Southern Pacific Hospital
22C. DATE SIGNED: 12/13/57

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL XX CREMATION ☐ REMOVAL ☐
25B. DATE: 12/16/57
25C. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 12-13-57
26B. REGISTRAR'S SIGNATURE: Jesse A. Hopson, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Howard A. Bring
27B. ADDRESS: Bring's Funeral Home, Tucson, Arizona

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